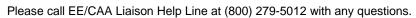
Add/Remove Certified Application Assistant (CAA)





SECTION 1	Existing Enrollment Entity (EE) Information					
Existing Enrollment Entity	Organization Name	Enrollment Entity (EE) Number (5 digits)				
Information	Authorized Contact		Signature of Authorized Contact			
	Primary Phone (plus extension, if any)	tension, if any) Fax		E-Mail Address		
	Service Location Address		City		State/Zip	
SECTION 2	Add or Remove a Certified Application Assistant (CAA)					
New/Existing Certified Application	First Name			Last Name		
Assistant Information	E-Mail Address		Phone (plus extension, if any) ()		Effective Date	
□ Add	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No			
Remove						
□ Add	First Name E-Mail Address CAA Number (leave blank if training is needed)		Last Name			
Remove			Phone (plus extension, if any)		Effective Date	
			Web Based Training Needed Yes/No			
□ Add	First Name		Last Name			
Remove	E-Mail Address		Phone (plus extension, if any)		Effective Date	
	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No			
□ Add	First Name		Last Name			
Remove	E-Mail Address		Phone (plus extension, if any)		Effective Date	
	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No			
□ Add	First Name		Last Name			
Remove	E-Mail Address		Phone (plus extension, if an	y)	Effective Date	
	CAA Number (leave blank if training is needed)		Web Based Training Needed Yes/No			

Mail to: Healthy Families Program, EE/CAA Liaison, 625 Coolidge Dr. Suite 100, Folsom, CA 95630 or fax to: (916) 673-4500 Attn: EE/CAA Liaison